Effective: November 1, 1987

87-82

Y-2 Approved: 2-6-92 Supersedes:

ATTACHMENT 3.1-A Page 63

8: 3

23.c. Care and services provided in christian science sanitoria:

Provided with no limitations.

Effective: November 1, 1987

TN: 87-82

87-82

V.2. Approved: 2-6-92
Supersedes: 87-49

OFFICIAL

ATTACHMENT 3.1-A
Page 68+

23.d. <u>Skilled nursing facility services for patients under 21 years of age:</u>

• The same service limitations as specified for 4.a. above apply.

Effective: November 1, 1987

TN: 87-82

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ATTACHMENT 3.1-A Page 68

23.e. <u>Emergency hospital services:</u>

- Emergency services means those medical services required for the immediate diagnosis and treatment of medical conditions that, if not immediately diagnosed and treated, could lead to serious physical or mental disability or death or are necessary to alleviate severe pain.
- An outpatient hospital service that is not an emergency but is provided in an area that is designated, equipped, and staffed for emergency services is not eligible for payment as an emergency outpatient hospital service.
- An outpatient hospital service that is not an emergency and which is provided in an area of an outpatient hospital which is advertised, represented, or held out to the public as providing acute, episodic care similar to services provided by a physician-directed clinic is not eligible for payment as an emergency outpatient hospital service.
- Medical records must document that an emergency existed at the time the service was rendered.

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TN: 93-34

Approved: 5-26-94 Supersedes: 93-01 ATTACHMENT 3.1-A
Page 44
886

23.f.Personal care services.

- Personal care assistants must be employees of or under contract with a personal care provider organization within the service area. If there are not two personal care provider organizations within the service area, the Department may waive this requirement. If there is no personal care provider organization within the service area, the personal care assistant must be enrolled as a personal care provider.
- Department prior authorization is required for all personal care services except for a total of 10 hours of registered nurse supervision per recipient per calendar year. Prior authorization is based on the physician's orders; the recipient's needs, diagnosis, and condition; an assessment of the recipient; the plan of care; and cost effectiveness when compared to other care options. The Department may authorize up to the following amounts of personal care service:
 - a) up to two times the average number of direct care hours provided in nursing facilities for the recipient's comparable case mix level;
 - b) up to three times the average number of direct care hours provided in nursing facilities for the recipient's comparable case mix level for recipients with complex medical needs, or who are dependent in at least seven activities of daily living and need either physical assistance with eating or have a neurological diagnosis, or whose behavior interferes with the completion of personal care services;
 - c) up to 60 percent of the average reimbursement rate for care provided in a regional treatment center for recipients who are selfinjurious, cause physical injury to others, or destroy property;

ATTACHMENT 3.1-A
Page 643

STATE: <u>MINNESOTA</u> Effective: July 1, 1993

TN: 93-34

Approved: 5-26-94 Supersedes: 93-01 68

23.f. Personal care services. (Continued)

- d) up to the amount medical assistance would reimburse for care provided in a regional treatment center for recipients referred by a regional treatment center preadmission evaluation team; or
- e) up to the amount medical assistance would reimburse for facility care for recipients referred by a preadmission screening team.
- Personal care services must be prescribed by a physician in accordance with the recipient's plan of care. The plan of care must be reviewed and revised as medically necessary at least once every 365 days.
- All personal care services must be supervised by a registered nurse. A reasonable amount of time for the provision of nursing supervision shall be authorized.
- Personal care services are provided for recipients who live in their own home so long as their own home is not a hospital, nursing facility, intermediate care facility for the mentally retarded (ICF/MR), or licensed health care facility.
- Personal care services eligible for medical assistance payment are limited to:
 - a) bowel and bladder care;
 - b) skin care, including prophylactic routine and palliative measures documented in the plan of care that are done to maintain the health of the skin;
 - c) delegated therapy tasks specific to maintaining a recipient's optimal level of functioning, including range of motion and muscle strengthening exercises;
 - d) respiratory assistance;

STATE: MINNESOTA ATTACHMENT 3.1-A

Effective: July 1, 1993

TN: 93-34

Approved: 5-26-94 Supersedes: 93-01 Page -45

23.f. Personal care services. (Continued)

- e) transfers and ambulation;
- f) bathing, grooming, and hair washing necessary for personal hygiene;
- g) turning and positioning;
- h) assistance with furnishing medication that is normally self-administered;
- application and maintenance of prosthetics and orthotics;
- j) cleaning medical equipment;
- k) dressing or undressing;
- assistance with food, nutrition, and diet activities;
- m) accompanying a recipient to obtain medical diagnosis or treatment;
- n) assisting, monitoring, or prompting the recipient to complete the services in items (a) through (m);
- o) redirection, monitoring, and observation that are medically necessary and an integral part of completing the services in items (a) through (n);
- p) redirection and intervention for behavior, including observation and monitoring;
- q) interventions for seizure disorders including monitoring and observation if the recipient has had a seizure that requires intervention within the past three months; and
- r) incidental household services that are an integral part of a personal care service described in items (a) through (q).

Effective: July 1, 1993

TN: 93-34

Approved: 5-26-94 Supersedes: 93-01

ATTACHMENT 3.1-A Page 64c 68K

23.f. Personal care services. (Continued)

- The following services are not covered under medical assistance as personal care services:
 - a) a health service provided by and billed by a provider who is not an enrolled personal care provider;
 - b) personal care service that is not in the plan of care;
 - C) personal care service that is not supervised by a registered nurse;
 - d) personal care service that is provided by a person who is the recipient's spouse, legal guardian, parent of minor child;
 - (e) personal care service that is provided by the foster care provider of a recipient who cannot direct their own care unless case management is provided;
 - (£ و_ services provided by the residential or program license holder in a residence for more than four persons;
 - ~**°**g) services that are the responsibility of a residential or program license holder under the terms of a service agreement and administrative rules;
 - h) sterile procedures;
 - i) giving of injections of fluids into veins, muscles, or skin;
 - j) services provided by parents of adult recipients, adult children, or siblings, unless these relatives meet one of the following hardship criteria and the Department waives this requirement:
 - (i) the relative resigns from a parttime or full-time job to provide personal care for the recipient;

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Supersedes: 93-01

ATTACHMENT 3.1-A Page 64d

681

23.f. Personal care services. (Continued)

(ii) the relative goes from a full-time job to a part-time job with less compensation to provide personal care for the recipient;

4 & ... #250

- (iii) the relative takes a leave of absence without pay to provide personal care for the recipient;
- (iv) the relative incurs substantial expenses by providing personal care for the recipient; or
- (v) because of labor conditions, the relative is needed in order to provide an adequate number of qualified personal care assistants to meet the medical needs of the recipient;
- k) homemaker services that are not are integral part of a personal care service;
- home maintenance or chore services;
- m) personal care services provided without Department prior authorization except for 10 hours of registered nurse supervision per recipient per calendar year;
- n) personal care services that are the responsibility of the foster care provider;
- o) personal care services when the responsible party is an employee of, or under contract with, or has any direct or indirect financial relationship with the personal care provider or personal care assistant, unless case management is provided;
- p) personal care services when the number of foster care residents is greater than four; or

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ATTACHMENT 3.1-A
Page 646

q) personal care services when combined with home health services, private duty nursing services, and foster care payments, less the base rate, that exceed the total amount that public funds would pay for the recipient's care in a medical institution. This is a utilization control limitation conducted on a case-by-case basis in order to provide the recipient with the most cost-effective, medically appropriate services.

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Approved: MAR 2 3 1998 Supersedes: 94-07 ATTACHMENT 3.1-A

Page 69

• See Items 24.a. through $\frac{24.f.}{24.e.}$

^{24.} Any other medical care and any other type of remedial care recognized under state law, specified by the secretary.